

CLAIMS ONLY								Application Number <i>107726932</i>		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1	/							51					
2		/						52					
3		/						53					
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8		/						58					
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47		/						97					
48		/						98					
49		/						99					
50		/						100					
Total Indep	2							Total Indep					
Total Depend	11							Total Depend					
Total Claims	13							Total Claims					